

# EXHIBIT A

## DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NEW YORK CITY  
DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE  
Feb 08, 2021 03:50 PM

## CERTIFICATE OF DEATH

Certificate No. 156-21-007761

1. DECEDENT'S  
LEGAL NAME NATALIE GILCHRIST  
(First, Middle, Last, Suffix)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)	2a. New York City Place of Death Brooklyn	2c. Type of Place <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Emergency Dept./Outpatient <input checked="" type="checkbox"/> Dead on Arrival	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify	2d. Any Hospice care in last 30 days 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input checked="" type="checkbox"/> Unknown	2e. Name of hospital or other facility (if not facility, street address) Coney Island Hospital	
	Date and Time of Death January 27 2021	3a. (Month) (Day) (Year-yyyy)	3b. Time 9:48 PM	4. Sex Female	5. Date last attended by a Physician mm dd yyyy 01 27 2021	
6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.						
Name of Medical Certifier YAN SUN (Type or Print)		Signature Yan Sun		Signature Electronically Authenticated		
Address 2601 Ocean Pkwy Brooklyn, NY 11235		License No. 269027		Date JAN-27-2021		
PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)	7a. Usual Residence State New York	7b. County Kings	7c. City or Town Brooklyn	7d. Street and Number 2929 W 31st St	Apt. No. # 2H ZIP Code 11224	
	8. Date of Birth (Month) (Day) (Year-yyyy) November 23 1951	9. Age at last birthday (years) 69	Under 1 Year Months Days Hours Minutes *** **	10. Social Security No. 084-42-9860		
	11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") Station Agent		11b. Kind of business or industry Metropolitan Transit Authority MTA		12. Aliases or AKAs *** **	
	13. Birthplace (City & State or Foreign Country) Far Rockaway, NY		14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input type="checkbox"/> 8th grade or less; none 4 <input type="checkbox"/> Some college credit, but no degree 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) 2 <input type="checkbox"/> 9th - 12th grade; no diploma 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or 3 <input checked="" type="checkbox"/> High school graduate or GED 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, BS, BS) Professional degree (e.g., MD, DDS, DVM, LLB, JD)			
	15. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	16. Marital/Partnership Status at time of death 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input checked="" type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify		17. Surviving Spouse's/Partner's Name (prior to first marriage) (First, Middle, Last) *** **		
	18. Father/Parent Name (Prior to first marriage) (First, Middle, Last) Wally Fowler		19. Mother/Parent Name (Prior to first marriage) (First, Middle, Last) Fairbairn Ginyard			
	20a. Informant's Name Tatitha Gilchrist		20b. Relationship to Decedent Daughter	20c. Address (Street and Number) Apt. No. City & State ZIP Code 2955 W 29th St Apt 14G, Brooklyn, NY 11224		
	21a. Method of Disposition 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other, Specify		21b. Place of Disposition (Name of cemetery, crematory, other place) Rosedale Cemetery			
	21c. Location of Disposition (City & State or Foreign Country) Linden, New Jersey		21d. Date of Disposition mm dd yyyy 02 22 2021			
	22a. Funeral Establishment Lawrence H. Woodward Funeral Home Inc.		22b. Address (Street and Number) City & State ZIP Code 1 Troy Ave Brooklyn, NY 11213			

Changes approved for filing by the Commissioner of Health. Formerly: Disposition Date - 02/11/2021; Disposition Place Name - Rosehill Cemetery; Disposition Place Address State - NJ; approved by Deputy City Registrar J. Hicks on Feb-15-2021. No further entry beyond this point. \*\*\*

VR 15 (Rev. 01/20)

EVT20210298471

February 22, 2021

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

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Gretchen Van Wye  
Gretchen Van Wye, PhD, City Registrar

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

